Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction this form.	N GUIDE explains how to		COUNT# nics Commission flers)	2 Total pages file	d:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR F	FIRST	MI	OFFICE	USE ONLY
NAME		REINETTE	SUFFD	Date Received	
	٩	ALECOZAY			
4 CANDIDATE			OTATE: 70.00	NDE.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	STATE; ZIP CO	Date Hand-delivered	or Date Postmarked
Change of Address	P.O. Box 40401 SAN ANTONIO, TX 7822	29			
5 CANDIDATE/	AREA CODE PHONE N	NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(210) 614-2677			Receipt #	Amount
6 CAMPAIGN	MS/MRS/MR F	FIRST	MI	Date Processed	
TREASURER	Ms N	MARGIE		Date Imaged	
NAME		AST	SUFFD		
		VASQUEZ	CPA	A	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE); APT / SUITE #;	CITY; STATE	ZIP CODE	
TREASURER ADDRESS (Residence or business)	2539 GOLIAD RD SAN ANTONIO, TX 782	23			
8 CAMPAIGN	AREA CODE PHONE N		EXTENSION		
TREASURER PHONE	(210) 789-3097				
9 REPORT TYPE					
	30th Day Before Main E	Election			
10 PERIOD	Month Day Year		Month	Day Year	
COVERED		THROUGH			
	1/31/2005		3/28/2	2005	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE			
	5/7/2005	Primary	Runoff	X General	Special
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT	(If known)	
			Council Distr	rict 7	
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures Candidates are required to disclose				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #;	City; State; Zip Code			
additional pages					
		GO TO PAG	E 2		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Ethics Commission flers)
Ms REINETTE AL	ECOZAY		
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candid without the candidate's or office holder's knowledge or consent. Candida fthey receive notice of such expenditures. ••	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGNTREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3095.45
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$0
	4. TOTAL	POLITICAL EXPENDITURES	\$2437.26
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$0
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$0
19 AFFIDAVIT			
			erjury, that the accompanying report nformation required to be reported by
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAME	7 SEAL ABOVE		
Sworn to and subscrib	oed before me, by	the said Ms REINETTE ALECOZAY	, this the <u>7th</u> day
of April , 2	0 <u>05</u> , to cer	tify which, witness my hand and seal of office.	
Clanatura of officer = 1	ministories octh	Drinted pamo of officer administrator and the Till	lo of officer administrating softs
Signature of officer ad	ministering oath	Printed name of officer administering oath Tit	le of officer administering oath

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Revised 11/05/2003

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 1 of 16	dule A:	
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)	
	Ms REINET	TE ALECOZAY				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
	2/12/2005	BILLIE ZIMMERMAN		contribution (\$) 100.00	description (if applicable)	
		6 Contributor address; City; State; Zip Code				
		1010 0104 1016				
		4018 SKYLARK SAN ANTONIO, TX 78210				
9	REALTOR	pation / Job title (See Instructions)	10 Employer (See In: SELF-EMPLC			
	Date	Full name of contributor ut-or-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/1/2005	MARGIE VASQUEZ CPA		100.00	description (ii applicable)	
		Contributor address; City; State; Zip Code				
		2539 GOLIAD RD				
		SAN ANTONIO, TX 78223				
		pation / Job title (See Instructions) O PUBLIC ACCOUNTANT	Employer (See In: SELF-EMPLC			
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of	In-kind contribution	
	3/22/2005	SUSAN ALECOZAY		contribution (\$) 40.00	description (if applicable)	
		Contributor address; City; State; Zip Code				
		5000 FL CARITAN				
		5026 EL CAPITAN SAN ANTONIO, TX 78233				
		pation / Job title (See Instructions)	Employer (See In:	structions)		
	RN/BSN AC		ST PHILLIPS			
	Date	Full name of contributor ☐ out-or-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/22/2005	SARAH ALECOZAY		20.00		
		Contributor address; City; State; Zip Code		į		
		5026 EL CAPITAN SAN ANTONIO, TX 78233				
	Principal occur	pation / Job title (See Instructions)	Employer(See In:	structions)		
	STUDENT	,	N/A			
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/22/2005	ISABEL ALEFSEN		20.00	description (ii applicable)	
		Contributor address; City; State; Zip Code				
		 4938 IRMA		ĺ		
		SAN ANTONIO, TX 78237				
	Principal occup RETIRED	pation / Job title (See Instructions)	Employer (See In: N/A	structions)		
			1 1// 1			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 2 of 16	dule A:		
2	FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)		
	Ms REINET	TE ALECOZAY					
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution		
	3/22/2005	JO ANN ALMENDARIZ		contribution (\$) 20.00	description (if applicable)		
	0,, _ 0	6 Contributor address; City; State; Zip Code					
		22 ROYAL GARDENS SAN ANTONIO, TX 78237					
9	Principal occup HOUSEWII	pation / Job title (See Instructions) - E	10 Employer (See In: N/A	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	2/24/2005	MALLORY MILLER JR		500.00	ассоприон (парриоавку		
		Contributor address; City; State; Zip Code					
		10519 TIOGA					
		SAN ANTONIO, TX 78230-2429					
	Principal occup RETIRED	oation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution		
	2/24/2005	JO ANN ALMENDARIZ		contribution (\$) 25.00	description (if applicable)		
		Contributor address; City; State; Zip Code					
		22 DOVAL CARDEN					
		22 ROYAL GARDEN SAN ANTONIO, TX 78248					
	Principal occup HOUSEWIR	pation / Job title (See Instructions) E	Employer(See In:	structions)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	3/2/2005	GENE RYDER PHD		100.00	чезсприон (паррисавіе)		
		Contributor address; City; State; Zip Code					
		1502 COPPERFIELD					
		SAN ANTONIO, TX 78251					
	Principal occup RETIRED	oation / Job title (See instructions)	Employer(See In:	structions)			
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution		
	3/22/2005	ERASMO ALAVARDO		contribution (\$) 20.00	description (if applicable)		
		Contributor address; City; State; Zip Code					
		1908 FITCH					
		SAN ANTONIO, TX 78211					
	Principal occup	oation / Job title (See Instructions)	Employer(See In: RETIRED	structions)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 3 of 16	dule A:
2	FILER NAME	:		3 ACCOUNT# (Eth	ics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date	5 Full name of contributor uut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/22/2005	BEATRICE ANGIANO		100.00	ассоприон (парриоавку
		6 Contributor address; City; State; Zip Code			
		103 NORTHAVEN SAN ANTONIO, TX 78229			
9		pation / Job title (See Instructions) DMINISTRATOR	10 Employer (See In: AVANIGO	structions)	
	Date	Full name of contributor uut-or-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	MARY BEREK		20.00	севсприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		2803 FREDERICKSBURG , Apt/Suite: 210)3	i	
		SAN ANTONIO, TX 78201			
	RETIRED	oatlon / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/22/2005	CELIA BOTELLO		20.00	description (il applicable)
		Contributor address; City; State; Zip Code		i	
		1827 CANDLELIGHT SAN ANTONIO, TX 78213		İ	
	Principal occup SECRETAR	pation / Job title (See Instructions)	Employer (See Instructions) RANDOLPH AFB		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/22/2005	LINDA BYERLY		60.00	descriptori (ii applicable)
		Contributor address; City; State; Zip Code			
		1185 RIGHT FORK BULVERDE, TX 78163		i	
	Principal occup CONTRAC	pation / Job title (See Instructions) T NEGOT	Employer (See In: RANDOLPH A		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	PATRICK CAVANAUGH		20.00	чезоприон (парричарне)
		Contributor address; City; State; Zip Code			
		11614 ROUSSEAU SAN ANTONIO, TX 78251			
	Principal occup RETIRED	oation / Job title (See Instructions)	Employer(See In:	structions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	The Instruction	Guide explains how to complete this form.		1 Total pages Schell 4 of 16	dule A:	
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)	
	Ms REINET	TE ALECOZAY				
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution	
	3/22/2005	SARAH DAVIDSON		20.00	description (if applicable)	
		6 Contributor address; City; State; Zip Code				
		4620 THOUSAND OAKS SAN ANTONIO, TX 78233		i		
9	Principal occup RETIRED	oation / Job title (See Instructions)	10 Employer (See In:	structions)		
	Date	Full name of contributor ut-or-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution	
	3/22/2005	DAVID DAVIS		40.00	description (if applicable)	
		Contributor address; City; State; Zip Code		ľ		
		10302 OPEN G TRIAL HELOTES, TX 78023		ĺ		
	Principal occup OWNER	oation / Job title (See Instructions)	Employer (See In: DAVIS TREE			
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
	3/22/2005	SHARON DENNY		contribution (\$) 20.00	description (if applicable)	
		Contributor address; City; State; Zip Code				
		13123 INDEPENDENCE AVE SAN ANTONIO, TX 78233		i		
	Principal occup UNEMPLO	pation / Job title (See Instructions) YED	Employer (See In:	structions)		
	Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/22/2005	MARGARET ESPINOZA		20.00	description (il applicable)	
		Contributor address; City; State; Zip Code				
		6038 BUENA VISTA SAN ANTONIO, TX 78237		İ		
	Principal occup RETIRED	oation / Job title (See Instructions)	Employer(See In:	structions)		
	Date	Full name of contributor out-or-state PAC (ID#:)	Amount of	In-kind contribution	
	3/22/2005	AMANDO ESTRADA		contribution (\$) 50.00	description (if applicable)	
		Contributor address; City; State; Zip Code				
		219 INSPIRATION SAN ANTONIO, TX 78228		 		
	Principal occup SOCIAL W	oation / Job title (See Instructions) ORKER	Employer (See In: LAUREL RID(structions) GE TRMT CNTR		

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 5 of 16	dule A:		
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)		
	Ms REINET	TE ALECOZAY					
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	3/22/2005	CAROL FEREDAY		50.00	честрион (паррисавіе)		
		6 Contributor address; City; State; Zlp Code					
		3330 NORTHERN HTS CIBOLO, TX 78108					
9	SECRETAR	pation / Job title (See Instructions) RY	10 Employer (See In: RANDOLPH A				
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	3/22/2005	MICHAEL FERGUSON		100.00			
		Contributor address; City; State; Zip Code					
		125 ODELL					
		SAN ANTONIO, TX 78212					
	GEOLOGIS	pation / Job title (See Instructions) ST	Employer (See In: STC ENVIRO	structions) NMENTAL SVC			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution		
	3/22/2005	ELIZABETH FERGUSON		40.00	description (if applicable)		
		Contributor address; City; State; Zip Code					
		 125 ODELL					
		SAN ANTONIO, TX 78212					
	Principal occup HOUSEWIR	pation / Job title (See Instructions)	Employer(See In:	structions)			
	Date	Full name of contributor out-of-state PAC (ID#	,	Amount of	in-kind contribution		
			/	contribution (\$)	description (if applicable)		
	3/22/2005	OSCAR FLORES Contributor address; City; State; Zip Code		40.00			
		company address, Sily, Sale, 2p code					
		2423 INGLESIDE SAN ANTONIO, TX 78213					
	Principal occuj	pation / Job title (See Instructions)	Employer(See In:	structions)			
	AC MECHA	ANIC	ROSEMARK				
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	3/22/2005	CHARLES FLOWERS		90.00			
		Contributor address; City; State; Zip Code					
		143 HOLY CROSS		i			
		SAN ANTONIO, TX 78228					
	Principal occup PASTOR	pation / Job title (See Instructions)	Employer (See In: FAITH OUTR				

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 6 of 16	dule A:		
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)		
	Ms REINET	TE ALECOZAY					
4	Date 3/22/2005	5 Full name of contributor		7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)		
		SAN ANTONIO, TX 78207					
9		oation / Job title (See instructions) Y ANALYST	10 Employer (See In: FCE BENEFI				
	Date 3/22/2005	Full name of contributor out-or-state PAC (ID# MARTIN GARCIA Contributor address; City; State; Zlp Code PO Box 18481		Amount of contribution (\$) 20.00	In-Kind contribution description (if applicable)		
		SAN ANTONIO, TX 78218					
	Principal occup CONTROLI	pation / Job title (See Instructions) LER	Employer (See Instructions) THE ROSE SHOP INC				
	Date 3/22/2005	Full name of contributor out-or-state PAC (ID# DEWEY GARDNER Contributor address; City; State; Zlp Code 10238 SANDY GLEN SAN ANTONIO, TX 78240		Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)		
	Principal occup RETIRED	pation / Job title (See Instructions)	Employer(See In	structions)			
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID#: RICARDO GUEVARA Contributor address; City; State; Zip Code 155 CASTROVILLE SAN ANTONIO, TX 78207		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)		
	Principal occup ORTHO TE	oation / Job title (See Instructions) CH	Employer(See In: SW METH HL				
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID#: ANGIE GUEVARA Contributor address; City; State; Zip Code 155 CASTROVILLE SAN ANTONIO, TX 78207		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)		
	Principal occup DENTAL AS	oation / Job title (See Instructions) SST	Employer (See In: DR LOCKE D				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Sche 7 of 16	odule A:
2 FILER NAME		3 ACCOUNT# (Ett	nics Commission filers)
Ms REINETTE ALECOZAY			
4 Date 5 Full name of contributor □ out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/22/2005 JACOB HERRERA		10.00	I
6 Contributor address; City; State; Zip Code	9		
8311 ROCHELLE SAN ANTONIO, TX 78240			
Principal occupation / Job title (See Instructions) FOREMAN	10 Employer (See In NATIONAL L		
Date Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
3/22/2005 LANI HOLDT		20.00	I
Contributor address; City; State; Zip Code	9		
5011 GLEN RIDGE, Apt/Suite: M16 SAN ANTONIO, TX 78229			i i
Principal occupation / Job title (See Instructions) MUSICIAN/SINGER	Employer (See In SELF-EMPLO		
Date Full name of contributor ☐ out-or-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
3/22/2005 MABEL HOLLINGSWORTH		20.00	description (if applicable)
Contributor address; City; State; Zip Code	9		
6706 GREENCASTEL SAN ANTONIO, TX 78212			
Principal occupation / Job title (See Instructions) RETIRED	Employer(See In	structions)	
Date Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/22/2005 MABEL HOLLINGSWORTH		5.00	l
Contributor address; City; State; Zip Code	9		
6706 GREENCASTEL SAN ANTONIO, TX 78212] [
Principal occupation / Job title (See Instructions) SINGER/MUSICIAN	Employer (See In SELF-EMPLO		
Date Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/22/2005 KENNY JOHNSON		40.00	Secondary (ii applicable)
Contributor address; City; State; Zip Code			
1243 JOHNSTON SAN ANTONIO, TX 78253			
Principal occupation / Job title (See Instructions) ENGINEER	Employer (See In LACKLAND A		

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 8 of 16	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date 3/22/2005	5 Full name of contributor □ out-of-state PAC (ID# VARRIA KENDRICKS 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
		PO Box 493 HUNT, TX 78024			
9	SOCIAL W		10 Employer (See In: LA HACIEND		
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# BRUCE LANDIS Contributor address; City; State; Zlp Code		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
		126 TRUELL SAN ANTONIO, TX 78213			
	Principal occup MANAGER	pation / Job title (See Instructions)	Employer (See In: ALAMO BRAN	structions) ND COMPUTER	
	Date 3/22/2005	Full name of contributor out-or-state PAC (ID# JOE MARIN Contributor address; City; State; ZIp Code		Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 27147 GRANDIOSO SAN ANTONIO, TX 78258			
	Principal occup PASTOR	pation / Job title (See Instructions)	Employer(See In: FAITH OUTR		
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# DEBROAH MCCLEARY Contributor address; City; State; Zlp Code 5202 KEYSTONE SAN ANTONIO, TX 78229		Amount of contribution (\$) 20.00	In-Kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer(See In: SELF-EMPLC		
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# PATRICIA MCFADDEN Contributor address; City; State; Zlp Code 2203 GREENCREST SAN ANTONIO, TX 78213		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
	Principal occup SECRETAR	pation / Job title (See Instructions) RY	Employer (See In: RANDOLPH A		

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SCHEDULE A

	The Instruction	N G	UIDE explains how to complete this form.		1 Total pages Sche 9 of 16	dule A:
2	FILER NAME				3 ACCOUNT# (Eth	ics Commission filers)
	Ms REINET	TE	ALECOZAY			
4	Date	5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
	3/22/2005		DOROTHY MEDINA		60.00	description (if applicable)
		6	Contributor address; City; State; Zip Code			
			0000 001 B BUOT			
			9603 GOLD DUST SAN ANTONIO, TX 78245			
9	Principal occup HOUSEWIR		on / Job title (See Instructions)	10 Employer (See In	structions)	
	Date		Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	l	MARGIE MEDINA		40.00	чевсприон (паррисавіе)
			Contributor address; City; State; Zip Code			
			1406 WAVERLY		i	
			SAN ANTONIO, TX 78228			
	Principal occup HOUSEWIF		on / Job title (See Instructions)	Employer (See In:	structions)	
	Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/22/2005		RUBEN MENDOZA		contribution (\$) 20.00	description (if applicable)
		ļ	Contributor address; City; State; Zip Code			
			444 DAVIMELL			
			111 BAYWELL SAN ANTONIO, TX 78227			
	Principal occup	pati	on / Job title (See Instructions)	Employer (See In:	structions) STIAN JEHOVA	IIDEH
	Date		Full name of contributor □ out-or-state PAC (ID#	TOLLOIA ON	Amount of	In-kind contribution
					contribution (\$)	description (if applicable)
	3/22/2005	ļ	DORA MENDOZA		20.00	
			Contributor address; City; State; Zip Code		ļ	
			111 BAYWELL SAN ANTONIO, TX 78227			
			on / Job title (See Instructions)	Employer(See In	structions)	
	HOUSEWIF	FE				
	Date		Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/22/2005	ļ	BEVERLY MIELKE		40.00	
			Contributor address; City; State; Zip Code		i	
			89 ROBERT STEVENS		i	
	Bata-da i		SCHERTZ, TX 78154		-11	
	Principal occup DIRECTOR		on / Job title (See Instructions) US OP	Employer (See In: RANDOLPH /		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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The Inst	RUCTION GUIDE explains how to complete this form.		1 Total pages Sche 10 of 16	dule A:			
2 FILER	NAME		3 ACCOUNT# (Eth	ics Commission filers)			
Ms RE	INETTE ALECOZAY						
4 Date	5 Full name of contributor out-or-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
3/22/2	005 DIANA PALAYO		20.00	чезсприон (паррисавіе)			
	6 Contributor address; City; State; Zip Code						
	218 LADDIE PLACE SAN ANTONIO, TX 78201						
	l occupation / Job title (See Instructions) EWIFE	10 Employer (See In:	structions)				
Date	Full name of contributor)	Amount of	In-kind contribution			
3/22/2	005 KATHY PATTERSON		contribution (\$) 20.00	description (if applicable)			
	Contributor address; City; State; Zip Code						
	6219 BELLWOOD						
	SAN ANTONIO, TX 78249						
Principa TEAC	l occupation / Job title (See Instructions) HER	Employer (See In: FAITH OUTR	,				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution			
3/22/2	005 MICHAEL PLUNKETT		contribution (\$) 20.00	description (if applicable)			
	Contributor address; City; State; Zip Code						
	5154 SPRING WATCH SAN ANTONIO, TX 78247						
	l occupation / Job title (See Instructions) RACT NEG	Employer (See In: RANDOLPH A					
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)			
3/22/2	005 CHERYL RAMSEY		20.00	description (il applicable)			
	Contributor address; City; State; Zip Code						
	5900 WURZBACH, Apt/Suite: 803 SAN ANTONIO, TX 78238						
	l occupation / Job title (See Instructions) CLERK	Employer (See In: GILLESPIE F					
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)			
3/22/2	005 FRANCES RODRIGUEZ		20.00	чезоприон (паррисавіе)			
	Contributor address; City; State; Zip Code						
	4814 NEWCOME						
	SAN ANTONIO, TX 78229						
Principa RETIF	Locupation / Job title (See Instructions) RED	Employer(See In:	structions)				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LO	DANS

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 11 of 16	dule A:		
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)		
	Ms REINET	TE ALECOZAY					
4	Date 3/22/2005	5 Full name of contributor out-of-state PAC (ID# MARIO RODRIGUEZ 6 Contributor address; City; State; Zip Code 4318 STEPHAIN		7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)		
		SAN ANTONIO, TX 78237					
9	Principal occup SALES	oatlon / Job title (See Instructions)	10 Employer (See In: INTERTEX EL				
	Date 3/22/2005	Full name of contributor out-or-state PAC (ID# PABLO ROSALEZ Contributor address; City; State; Zlp Code 822 TEXAS		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)		
	54	SAN ANTONIO, TX 78201					
	HAIR STYL	oatlon / Job title (See Instructions) IST	Employer (See Instructions) HOUSE OF STYLE				
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# DANNY RUIZ Contributor address; City; State; Zlp Code 433 QUENTIN SAN ANTONIO, TX 78201		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)		
	Principal occup CAFETERI	oation / Job title (See Instructions) A WKR	Employer (See In: ALAMO HEIG	structions) HTS JR HIGH			
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# ANDREW RUTKOWSKI Contributor address; City; State; Zlp Code 2839 MONTROSE SAN ANTONIO, TX 78223		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)		
	Principal occup CLERICAL	oation / Job title (See Instructions)	Employer (See In: ACCD	structions)			
	Date 3/22/2005	Full name of contributor out-of-state PAC (ID# ESTHER RUTKOWSKI Contributor address; City; State; Zip Code 2839 MONTROSE SAN ANTONIO, TX 78223		Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)		
	Principal occup CNA	oation / Job title (See Instructions)	Employer (See In: COMFORT KI				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 12 of 16	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/22/2005	DOLLY SANCHEZ		40.00	чезоприон (паррисавіе)
		6 Contributor address; City; State; Zip Code			
		4980 USAA BLVD SAN ANTONIO, TX 78240			
9	Principal occup FAMILY RE	pation / Job title (See Instructions) EPRSEN	10 Employer (See In: UTHSCSA	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	3/22/2005	TERRI SCHWARTING		contribution (\$) 50.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		7425 OAK MARSH TREE			
		SAN ANTONIO, TX 78233			
		pation / Job title (See Instructions) T NEGOTIA	Employer (See In: RANDOLPH /	,	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	LARRY SERNA		50.00	descriptori (ii applicable)
		Contributor address; City; State; Zip Code			
		310 E CRESTLINE SAN ANTONIO, TX 78201			
	Principal occup EVENT CO	pation / Job title (See Instructions) ORD	Employer (See In: FAITH OUTR		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	CARLOS SILVA		20.00	descriptor (i applicable)
		Contributor address; City; State; Zip Code			
		5210 COLEBROOK SAN ANTONIO, TX 78228			
	Principal occuj LABORER	pation / Job title (See Instructions)	Employer(See In: CPS	structions)	
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	3/22/2005	MARY LOU SULSAR		20.00	чезоприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		433 QUENTIN			
		SAN ANTONIO, TX 78201			
	Principal occup RETIRED	pation / Job title (See Instructions)	Employer(See In	structions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 13 of 16	dule A:			
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)			
	Ms REINET	TE ALECOZAY						
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	3/22/2005	JESSE TAITANO		20.00	accomptent (ir applicable)			
		6 Contributor address; City; State; Zlp Code						
		354 FUTURE SAN ANTONIO, TX 78213						
9	Principal occup GEN CONT	pation / Job title (See Instructions) FRACTOR	10 Employer (See In: SELF EMPLC					
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)			
	3/22/2005	SHIRLEY THOMPSON		25.00	doosiptor (i applicable)			
		Contributor address; City; State; Zip Code						
		8363 DAWNWOOD		i				
		SAN ANTONIO, TX 78250						
	EXEC DIRE	pation / Job title (See Instructions) ECTOR	Employer (See In: AGAPE PREF					
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution			
	3/22/2005	ROBERT VARGAS		contribution (\$) 20.00	description (if applicable)			
		Contributor address; City; State; Zip Code						
		13134 REGENCY BND SAN ANTONIO, TX 78249						
	Principal occup	pation / Job title (See Instructions) ALYST	Employer (See In: RANDOLPH A					
	Date	Full name of contributor out-or-state PAC (ID#)	Amount of	In-kind contribution			
	3/22/2005	DOLORES VASQUEZ		contribution (\$)	description (if applicable)			
		Contributor address; City; State; Zip Code						
		2623 S WW WHITE						
		SAN ANTONIO, TX 78222						
	Principal occup	pation / Job title (See Instructions) SIDENT	Employer (See In: FRANKS MO	-				
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description (if applicable)			
	3/22/2005	MARGIE VASQUEZ CPA		20.00	сеоприят (паррисаріа)			
		Contributor address; City; State; Zip Code						
		2539 GOLIAD RD						
		SAN ANTONIO, TX 78223						
	Principal occuj CPA	pation / Job title (See Instructions)	Employer (See In: SELF EMPLC					

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	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche 14 of 16	dule A:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date	5 Full name of contributor ut-or-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/22/2005	CHERYL WASHINGTON		40.00	честрион (паррисавте)
		6 Contributor address; City; State; Zip Code			
		3901 ARROYA SECO SCHERTZ, TX 78154			
9	Principal occup EDUCATO		10 Employer (See In: SHEKINAH LI	structions) EARNING INST	
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/22/2005	DOROTHY WENTWORTH		40.00	decompton (ii applicable)
		Contributor address; City; State; Zip Code			
		17003 TALON PATH			
	Dringing conu	SAN ANTONIO, TX 78247	Employer/Coolin	otnietlope)	
	DOCUMEN	pation / Job title (See Instructions) IT PREP	Employer(See Instructions) DTSI		
	Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/22/2005	DONALD WILLIAMS		40.00	севсприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		7235 CABIN CREEK SAN ANTONIO, TX 78238			
	Principal occur CLERK	pation / Job title (See Instructions)	Employer (See In: COX MFG	structions)	
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/26/2005	SHARON COOPER		20.00	
		Contributor address; City; State; Zip Code			
		8742 WICKERSHAM SAN ANTONIO, TX 78254			
	Principal occup CONTRAC	oation / Job title (See Instructions) T NEG	Employer (See In: LACKLAND A		
	Date	Full name of contributor out-or-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/26/2005	ELMER CROSSON		25.00	чезоприон (парричарне)
		Contributor address; City; State; Zip Code			
		15514 GERONIMO LOOP SAN ANTONIO, TX 78254			
	Principal occup RETIRED	oation / Job title (See Instructions)	Employer(See In:	structions)	

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	The Instruction	n G	UIDE explains how to complete this form.		1 Total pages Sche	odule A:	
					15 of 16		
2	FILER NAME				3 ACCOUNT#(Ett	nics Commission filers)	
	Ms REINET	TE	ALECOZAY				
4	Date	5	Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	3/26/2005	ļ	ESTHER GARCIA		20.00	i	
		6	Contributor address; City; State; ZIp Code				
			5610 MERKENS DR SAN ANTONIO, TX 78240] 	
9	Principal occup RETIRED	pati	ion / Job title (See instructions)	10 Employer (See In	structions)		
	Date		Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	3/26/2005		RUBEN MENDOZA		40.00	description (il applicable)	
		ľ	Contributor address; City; State; Zip Code				
			111 BAYWELL SAN ANTONIO, TX 78227				
	Principal occupation / Job title (See Instructions) PASTOR			Employer (See Instructions) SELF			
	Date		Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
	3/26/2005	l	RICHARD TUSETH		contribution (\$) 50.00	description (if applicable)	
			Contributor address; City; State; Zip Code			 	
			1200 COLUMBUS HOUSTON, TX 77019				
	Principal occup PILOT	pati	ion / Job title (See Instructions)	Employer (See In CONTINENT)			
	Date		Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3/28/2005		SUSAN MARBURGER		40.00	чезоприот (парриоавте)	
		ļ	Contributor address; City; State; Zip Code				
			12422 AUTUMN VISTA SAN ANTONIO, TX 78249-2408				
	Principal occup HOMEMAK		on / Job title (See Instructions) ?	Employer(See In	structions)		
	Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	3/12/2005	ļ. ,	PATRICK CAVANAUGH Contributor address; City; State; Zip Code		contribution (\$) 10.45	description (if applicable) PURCHASED CLIP BOARDS SEE WALMAR	
			on the state of th			RECEIPT	
			11614 ROUSSEAU SAN ANTONIO, TX 78251				
	Principal occup RETIRED	pati	ion / Job title (See instructions)	Employer(See In	structions)		

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche 16 of 16	dule A:
2	FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/28/2005	ISOBEL PLATZ		20.00	чезсприон (паррисавіе)
		6 Contributor address; City; State; Zip Code			
		16543 HUNTING GLEN SAN ANTONIO, TX 78247			
9	Principal occuj RETIRED	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of	In-kind contribution
	3/28/2005	JEAN YATES		contribution (\$) 50.00	description (if applicable)
		Contributor address; City; State; Zip Code			
		9707 FIVE FORKS			
		SAN ANTONIO, TX 78245			
	Principal occup UNDERWR	pation / Job title (See Instructions) RITER	Employer (See In: WORLD SAV	,	
	Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3/28/2005	ROSIE MONTANA		50.00	севсприон (паррисавіе)
		Contributor address; City; State; Zip Code			
		110 WESTHAVEN SAN ANTONIO, TX 78227			
	Principal occup HOUSEWIF	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				į	
	Dringles servi	pation / Joh title /Con Instructions	Employer/Sec. to	etnuatione)	
	Principal occuj	pation / Job title (See Instructions)	Employer(See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				001111111111111111111111111111111111111	description (ii applicable)
		Contributor address; City; State; Zip Code			
		<u> </u>			
	Principal occup	pation / Job title (See Instructions)	Employer(See In:	structions)	

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P	PLEDGED CONTRIBUTIONS			SCHEDULE B
т	The Instruction Guide explains how to complete this form.		1 Total pages Schedu	ıle B:
2 F	FILER NAME		3 ACCOUNT# (Ethics	s Commission filers)
_	Ms REINETTE ALECOZAY			
4	TOTAL OF UNITEMIZED PLEDGES: ⇒	0 0	D	\$
5	Date 6 Full name of pledgorout-of-state PAC (ID#:) 	8 Amount of great	In-kind description (if applicable)
10 Pr	Principal occupation / Job title (See Instructions)	11 Employer (See Ins	structions)	
	Date Full name of pledgor □out-or-state PAC (ID#: Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)
Pı	Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date Full name of pledgor ☐out-of-state PAC (ID#) • • • • • • • • • • • • • • • • • • •	Amount of pledge (\$)	In-kind description (if applicable)
Pr	rincipal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date Full name of pledgor ☐out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Pı	Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date Full name of pledgor □out-of-state PAC (ID#: Pledgor address; City; State; Zip Code))	Amount of pledge (\$)	In-kind description (if applicable)
Pr	Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
	ATTACH ADDITIONAL COPIE			a requirements.

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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	POLITIC	CAL EXPENDITURES			SCHEDULE F
	The Instruction	GUIDE explains how to complete this form.		1 Total pages 1 of 1	Schedule F:
2	FILER NAME				# (Ethics Commission filers)
	Ms REINET	TE ALECOZAY			
4	Date	5 Payee name			7 Amount
	3/16/2005	FIRSTMARK CREDIT UNION 6 Payee address; City; State; Zip Code PO Box 701650 SAN ANTONIO, TX 78270-1650			(\$)12.50
	Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH ••
	CHECK OF	RDER	Candidate / Officeholder r	name	Office sought Office held
	Date	Payee name			Amount (\$)750.00
	2/25/2005	REED EXPOSITIONS Payee address; City; State; Zip Code			(\$)750.00
		401 W COMMERCE SAN ANTONIO, TX 78207-			
	Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dir		to benefit C/OH ••
		ENTAL FOR FUNDRAISER	Candidate / Officeholder r	name	Office sought Office held
	Date	Payee name			Amount (\$)
		Payee address; City; State; Zip Code			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
	Date	Payee name			Amount (\$)
					(4)
		Payee address; City; State; Zip Code			
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
l		ATTACH ADDITIONAL CODIE	S OF THIS FORM AS N	EEDED	

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SCHEDULE G

	The Instruction	GUIDE explains how to complete this form.	1 Total pages Sched	fule G:				
,	FILER NAME			rics Commission filers)				
_		TE ALECOZAY	3 ACCOUNT # (EIII	nes commission mers)				
4	Date	5 Payee name		8	Amount			
	2/14/2005	UNITED STATES POSTAL SERVICE		ľ	(\$)2.00			
	2/14/2003							
		6 Payee address; City; State; Zip Code						
		4835 MEDICAL DR SAN ANTONIO, TX 78229-9998						
		7 Purpose of expenditure (See instructions regarding type of information requ	uired.)		Reimbursement			
		LOBBY SERVICE	,		from political contributions			
					intended			
	Date	Payee name			Amount			
	2/14/2005	UNITED STATES POSTAL SERVICE			(\$)21.00			
		Payee address; City; State; Zip Code						
		4835 MEDICAL DR						
		4635 MEDICAL DR SAN ANTONIO, TX 78229-9998						
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement			
		PO BOX FOR 6 MONTHS - \$19.00 LOBBY SERVICE - \$	2.00		from political contributions			
					intended			
	Date	Payee name			Amount			
	3/7/2005	UNITED STATES POSTAL SERVICE			(\$)97.36			
		Payee address; City; State; Zip Code						
		4835 MEDICAL DR						
		SAN ANTONIO, TX 78229-9998						
		Purpose of expenditure (See instructions regarding type of information requestions and POSTAGE	uired.)	\square	Reimbursement from political			
		POSTAGE			contributions intended			
	Date	Davisa nama						
	2/27/2005	Payee name OFFICEMAX			Amount (\$)9.60			
	_, ,	Payee address; City; State; Zip Code						
		5830 BANDERA RD SAN ANTONIO, TX 78238						
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement			
		OFFICE SUPPLIES	,		from political contributions			
					intended			
	Date	Payee name			Amount			
	2/15/2005	OFFICEMAX			(\$)12.94			
		Payee address; City; State; Zip Code						
		5830 BANDERA RD						
		SAN ANTONIO, TX 78238						
		Purpose of expenditure (See instructions regarding type of information req	uired.)	\square	Reimbursement from political			
		OFFICE SUPPLIES			contributions			
					intended			

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SCHEDULE G

<u> </u>						
	The Instruction Guide explains how to complete this form. 1 Total pages Schero			dule G:		
2	FILER NAME		3 ACCOUNT # (Eth	Ethics Commission filers)		
	Ms REINET	s REINETTE ALECOZAY				
4	Date	5 Payee name		8	Amount	
	2/14/2005	OFFICEMAX			(\$)34.93	
		6 Payee address; City; State; Zip Code				
		5830 BANDERA RD				
		SAN ANTONIO, TX 78238				
		7 Purpose of expenditure (See instructions regarding type of information requestions of the supplies of the	uired.)		Reimbursement from political contributions intended	
	Date	Payee name			Amount	
	2/22/2005	BADGEMAN			(\$)9.70	
		Payee address; City; State; Zip Code				
		3201 CHERRY RIDGE				
		SAN ANTONIO, TX 78230				
		Purpose of expenditure (See instructions regarding type of information req NAME BADGE	uired.)		Reimbursement from political	
		TW WILL 57 15 0 1			contributions intended	
	Date	Payee name			Amount	
	2/22/2005	FEDEX KINKO'S			(\$)44.60	
		Payee address; City; State; Zip Code				
		3790 NW LOOP 410				
		SAN ANTONIO, TX 78229 Purpose of expenditure (See instructions regarding type of information requ	uirod \		Reimbursement	
		CANDIDATE LITERATURE	uneu.)		from political contributions	
					intended	
	Date	Payee name			Amount (\$)405,14	
	2/24/2005	SSA GRAPHICS			(#)405.14	
		Payee address; City; State; Zip Code				
		1145 GUADALUPE DR CIBOLO, TX 78108				
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement	
		POLITICAL SIGNS			from political contributions intended	
					mended	
	Date 2/25/2005	Payee name ELECTION SUPPORT SERVICES INC			Amount (\$)168.69	
	212312003	Payee address; City; State; Zip Code			₩100.03	
		5309 MCCULLOUGH SAN ANTONIO, TX 78212				
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement	
		WALKLIST: DIST 7 - TARGETED PCTS			from political contributions	
<u> </u>					intended	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



SCHEDULE G

	The Instruction	GUIDE explains how to complete this form.	1 Total pages Scheo 3 of 4	dule G:			
2	FILER NAME			thics Commission filers)			
_		TE ALECOZAY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4	Date	5 Payee name		8	Amount		
	3/19/2005	MARIA MEXICAN			(\$)311.81		
	0/10/2000	6 Payee address; City; State; Zip Code					
		o rayes address, Sky, State, Elposas					
		1626 CINCINNATI SAN ANTONIO, TX 78201					
		7 Purpose of expenditure (See instructions regarding type of information requ	uired.)		Reimbursement		
		PAYMENT FOR FUNDRAISER			from political contributions		
					intended		
	Date	Payee name			Amount		
	3/16/2005	MARIA MEXICAN			(\$)500.00		
		Payee address; City; State; Zip Code					
		1626 CINCINNATI					
		SAN ANTONIO, TX 78201					
		Purpose of expenditure (See instructions regarding type of information requ	uired.)		Reimbursement		
		DOWN PAYMENT FOR FUNDRAISER			from political contributions		
_					intended		
	Date	Payee name			Amount		
	2/26/2005	WALMART			(\$)6.83		
		Payee address; City; State; Zip Code					
		5025 NW LOOP 410					
		SAN ANTONIO, TX 78230					
		Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political		
		DISKETTES FOR CAMPAIGN			contributions		
					intended		
	Date	Payee name			Amount		
	3/18/2005	WALMART			(\$)29.78		
		Payee address; City; State; Zip Code					
		5025 NW LOOP 410					
		SAN ANTONIO, TX 78230		_			
		Purpose of expenditure (See instructions regarding type of information red OFFICE SUPPLIES FOR FUNDRAISER & FOOD FOR BL		X	Reimbursement from political		
		OITIDE SUFFLIES FOR FUNDRAISER & FOOD FOR BL	OUNWALKERS		contributions intended		
				<u> </u>			
	Date	Payee name			Amount (\$)19.76		
	3/22/2005	WALMART			\₩/18.70		
		Payee address; City; State; Zip Code					
		5025 NW LOOP 410					
		SAN ANTONIO, TX 78230					
		Purpose of expenditure (See instructions regarding type of information requestion FOR BLOCKWALKER	uired.)	\square	Reimbursement from political		
		FOOD FOR BLOCKWALKER			contributions intended		
					TOTAL STATE OF THE		

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SCI	4E	וח	ш	= (

	The Instruction Guide explains how to complete this form.			dule G:			
	4 of 4						
2	FILER NAME		3 ACCOUNT # (Ethic	es Comr	nission filers)		
	Ms REINET	TE ALECOZAY					
4	Date	5 Payee name		8	Amount (\$)0.62		
	3/21/2005	FEDEX KINKOS			(4)0.62		
		6 Payee address; City; State; Zip Code					
		3740 NW LOOP 410, Apt/Suite: 78229 SAN ANTONIO, TX 78229					
		uired.)	X	Reimbursement from political contributions intended			
	Date	Payee name	İ		Amount		
					(\$)		
		Payee address; City; State; Zip Code					
		Duran of annualities (Socientes Aires annuality to the original transfer of the original transfer or the original transfer of the original transfe		_	Reimbursement		
		Purpose of expenditure (See instructions regarding type of information requ	Jirea.)	ш	from political contributions		
					intended		
Date Payee name					Amount (\$)		
Payee address; City; State; Zip Code					(4)		
	rayer address, Say, State, Eposte						
		Purpose of expenditure (See instructions regarding type of information requ	uired.)		Reimbursement		
					from political contributions intended		
	Date	Payee name	1		Amount		
	Date	rayeename			(\$)		
		Payee address; City; State; Zip Code					
		Purpose of expenditure (See instructions regarding type of information req	uired.)	Ш	Reimbursement from political contributions		
					intended		
	Date	Payee name			Amount		
					(\$)		
	Payee address; City; State; Zip Code						
		Purpose of expenditure (See instructions regarding type of information requ	ired)	_	Reimbursement		
, , , , , , , , , , , , , , , , , , , ,					from political contributions		
					intended		
					l		
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		NT FROM POLITICAL CONTI JSINESS OF C/OH	RIBUTIONS	i	SCHEDU	LE H
Г	The Instruction Guide explains how to complete this form. 1 Total pages School 1 of 1				edule H:	
2	FILER NAME	TE ALECOZAY		3 ACCOUNT# (Ett	hics Commission filers)	
4	Date	5 Business name			7 Amou	nt
					(\$)	
		6 Business address; City; State; Zip Code				
8	Purpose of payi required.)	nent (See instructions regarding type of information	9 • Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH ++ Office sought	Office held
Г	Date	Business name			Amoui (\$)	nt
		Businessaddress; City; State; Zip Code				
		Business address; City; State; Zip Code				
Г	Purpose of payi required.)	nent (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure	to benefit C/OH •• Office sought	Office held
	Date	Business name			Amoui (\$)	nt
		Business address; City; State; Zip Code				
Г	Purpose of payi required.)	ment (See instructions regarding type of information	Complete Candidate / Officeho	e if direct expenditure	to benefit C/OH •• Office sought	Office held
Г	Date	Business name			Amoui (\$)	nt
		Ducinese address: City State: 7in Code				
		Business address; City; State; Zip Code				
Purpose of payment (See instructions regarding type of information required.) •• Complete if direct expenditure Candidate / Officeholder name					to benefit C/OH •• Office sought	Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SC	ш	Er	AL I	ш	= I

	The Instruction Guide explains how to complete this form. 1 Total pages Sche 1 of 1			dule I:					
2	FILER NAME 3 ACCOUNT # (Et			T# (Ett	hies Comr	mission filers)			
	Ms REINET	ΤE	ALECOZAY						
4	Date		Payee name				8	Amount	
								(\$)	
		6		٠.					
		7	Purpose of expenditure (See instructions regarding type of information requ	uired	l.)		1		
	D .	_					<u> </u>		=
	Date		Payee name					Amount (\$)	
		٠.	Payee address; City; State; Zip Code	٠.					
			Purpose of expenditure (See instructions regarding type of information requ	uired	l.)		1		
		_							=
	Date		Payee name					Amount (\$)	
		Payee address; City; State; Zip Code					1		
			Purpose of expenditure (See instructions regarding type of information requ	uired	l.)		1		
	D .	_							=
	Date		Payee name					Amount (\$)	
		• •	Payee address; City; State; Zip Code	٠.			1		
			Purpose of expenditure (See instructions regarding type of information requ	uired	l.)				
	Date		Payee name					Amount	=
	Date		r ajee name					(\$)	
		Payee address; City; State; Zip Code							
		Purpose of expenditure (See instructions regarding type of information required.)							

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CREDI	ΓS (optional)		SCHEDULE K			
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Sche 1 of 1	dule K:			
2 FILER NAMI	TE ALECOZAY	3 ACCOUNT# (Ett	nics Commission filers)			
4 Date	5 Payor name		8 Amount (\$)			
	6 Payor address; City; State; Zip Code					
	7 Reason for credit					
Date	Payor name		Amount (\$)			
	Payor address; City; State; Zip Code					
	Reason for credit					
Date	Payor name		Amount (\$)			
	Payor address; City; State; Zip Code					
	Reason for credit					
Date	Payor name		Amount (\$)			
	Payor address; City; State; Zip Code					
	Reason for credit					
Date	Payor name		Amount (\$)			
	Payor address; City; State; Zip Code					
	Reason for credit					
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DEC	IGNATION OF TIMAL REPORT					
		struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH NAME 2 ACCOUNT# (Ethics Commission filers)						
	Ms REINETTE ALECOZAY						
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature o	f Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER blete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from politic	al contributions				
	ш						
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political so understand that I must file an annual report of unexpended contributions and that I may report or unexpended interest or income earned on political contributions longer than six years after understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions.	cal contributions to personal use. I not retain unexpended contributions er filing this final report. Further, I				
	В.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.				
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	n political contributions to personal				
		Sign	ature of Candidate				
5		EHOLDER lete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not I am also aware that I will be required to file reports of unexpended contributions if, at the time I contributed with political contributions or interest or other income from political contributions.					
		Signa	ture of Officeholder				

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